

Applicant _____ Date _____

Co-Applicant _____ Check if Joint Statement ☐

ASSETS		LIABILITIES	
Cash on hand & in Banks - Sch A	\$	All Loans - Sch B	\$
U.S. Government Securities - Sch C	\$	Loans from other banks - Sch B (excluding mortgages)	\$
Fully Marketable Securities - Sch C	\$	Credit Card Debt	\$
Non-Readily Marketable Securities - Sch D (Restricted stock in public companies)	\$	Margin Debt Due to Brokers	\$
Cash Value of Life Insurance - Sch E	\$	Loans Against Life Insurance - Sch E	\$
Personal Residence(s) - Sch F (Estimated Market Value)	\$	Mortgage Debt - Sch F	\$
Real Estate Investments - Sch F (Estimated Market Value)	\$	Other Mortgage Debt - Sch F	\$
Other Investments - Partnerships and Non-Public Companies (at cost)	\$	Notes due to Partnerships - Sch B	\$
Loans or Other Receivables	\$	Loans for others - Sch B	\$
IRA, Keogh and Other Vested Retirement Assets	\$	Income Taxes Payable (Date):	\$
Other Assets (Itemize):	\$	Other Liabilities (Itemize):	\$
Total Assets	\$	Total Liabilities	\$
		Net Worth (Assets Minus Liabilities)	\$

PROJECTED INCOME AND EXPENSE STATEMENT - NEXT 12 MONTHS

Salary - Applicant	\$	Income Tax	\$
Salary - Co-Applicant	\$	Rental Expenses and/or Co-op Condo Maint.	\$
Bonuses (Date Received):	\$	Mortgage Payments	\$
Commissions	\$	Real Estate Taxes	\$
Dividend/Interest Income	\$	Loan Interest + Principal Payments	\$
Rental Income	\$	Insurance	\$
Cash Income From Other Investments	\$	Tuition	\$
Realized Capital Gains (Excluding non-cash transaction)	\$	Alimony, Child Support	\$
Alimony/Child Support (disclosure not required)	\$	Medical Expenses	\$
Other Income (describe):	\$	Other Expenses (Describe):	\$
Total Income	\$	Total Expenses	\$

Total Actual Gross Income Last Calendar Year \$

Estimated Surplus Cash Flow after all Expenses next 12 months \$

SCHEDULE A - CASH ACCOUNTS

Name & Address of Deposit Institution	Type of Account (Checking, Savings, CD, Money Market)	Owner (Applicant, Co-Applicant, Joint)	Current Balance	Estimated Average Balance Past 12 Months
			\$	\$
			\$	\$
			\$	\$

SCHEDULE B - BANK LOANS & NOTES PAYABLE TO OTHERS

Name & Address of Deposit Institution	Borrower (Applicant, Co-Applicant, Joint)	Current Unpaid Balance	Due Date	Remaining Available Under Line of Credit	Collateral (Type)
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	

SCHEDULE C - U.S. GOVERNMENT AND OTHER FULLY MARKETABLE SECURITIES

Number of Shares of Face Value of Bonds	Issue	Owner (Applicant, Co-Applicant, Joint)	Where Held	Current Market Value	Margined or Pledges to Others?
				\$	☐ Yes ☐ No
				\$	☐ Yes ☐ No
				\$	☐ Yes ☐ No
				\$	☐ Yes ☐ No
				\$	☐ Yes ☐ No
				\$	☐ Yes ☐ No

SCHEDULE D - NON-READILY MARKETABLE SECURITIES

Number of Shares	Description	Owner	Estimated Market Value	Pledged?
			\$	☐ Yes ☐ No
			\$	☐ Yes ☐ No
			\$	☐ Yes ☐ No

SCHEDULE E - LIFE INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Value
			\$		\$
			\$		\$
			\$		\$

SCHEDULE F - REAL ESTATE AND MORTGAGES

Address and Type of Property (Personal or Investment?)	Title in Name of	Percentage of Ownership	Gross Annual Income Produced	Cost	Year Purchased	Estimated Market Value	Balance of Mortgage	Mortgage Held By

PERSONAL INFORMATION	Applicant	Co-Applicant
Employer		
Address		
Title/Position		
Length of Employment		
Previous Employer (If less than 5 years with Present Employer)		
Business Phone		
Cell/Home Phone		
Email		
Home Address (Principal Residence)		
Citizenship		
Date of Birth		

Are you a defendant in any suits or legal actions? ☐ Yes ☐ No

If yes, please describe:

Have you ever been declared bankrupt? ☐ Yes ☐ No If yes, please give date:

I authorize Porter Capital to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining or guaranteeing credit.

Signature: Date: Social Security Number:

Signature: Date: Social Security Number: